

InTouch

Published by the Greater Flint (Michigan) Health Coalition

WE'RE #1 IN HEALTHCARE SPENDING & #37 IN HEALTH OUTCOMES: WHY THE U.S. NEEDS UNIVERSAL HEALTH CARE!

A comparison of United States healthcare "systems" with those from other nations:

Model Type	Country	U.S. System
Socialized Medicine	Great Britain	Veterans Affairs Medical System
National Health Insurance	Canada & Taiwan	Medicare
Employer-Based	Germany & Switzerland	Majority of the current U.S. system
Out-of-pocket	Regions of Africa, India, & China	Uninsured

At the 12th Annual Meeting of the Members of the Corporation, held Wednesday, October 22, 2008, nationally recognized author and commentator T. R. Reid analyzed the workings of the United States' health care system compared to healthcare systems from around the world. Although the majority of Americans agree the United States healthcare system is far from perfect, many still fear reform. Americans tend to view universal health care as a "socialized model" referring to Great Britain as the example, in which government owns the hospitals, employs physicians and other health care workers, and health care is funded through general taxation. Although many Americans fear socialized models of medicine, they support one every day by way of the United States Department of Veterans Affairs (V.A.), which cares for our nation's veterans as all should be cared for - where health care is a right, not just a privilege. Many experts currently consider the V.A. as the best healthcare system in the nation. Are all countries offering universal health care to their citizens practicing a socialized model of medicine? During his travels across the globe, Mr. Reid discovered that all health care systems could be categorized into four basic models: socialized (described above), employer- financed, national health insurance, or out-of-pocket.

In Germany, hospitals are privately owned, physicians and healthcare workers are not employed by the government, and health care is financed jointly by employers and employees. Sound familiar? This resembles employer financed health care received by the majority of working Americans.

The United States Medicare system is an exact replica of the Canadian government run National Health Insurance program. Again, hospitals are privately owned and physicians and healthcare workers are not employed by the government. In the similar manner Americans support the United States Medicare system through payroll taxes, Canadians support their National Health Insurance program through general taxation.

The common misconception that any United States health system reform can only equal "socialized medicine," is simply inaccurate when considering these examples. Is it socialized medicine when the hospitals, physicians, and health care workers are not government-owned? What is there for Americans to fear if the United States already practices pieces of universal health care plans from around the world?

So will the United States ever see a healthcare reform? The answer is imbedded in the moral beliefs of the American people. It is unfortunate that any person must live in an out-of-pocket model where they cannot receive the care they need because it is too costly. Americans die every day from disease that could have been treated if they could simply pay for treatment. If Americans begin to assess the moral obligation of caring for its citizens then reform will come; but until that day, the richest country in the world will continue to suffer the greatest loss of its people. And that is why the United States is #1 in health care spending in the world, yet #37 in health outcomes.

DIABETES GROUP VISIT CONCEPT TO EXPAND

The GFHC has received funding from the Community Foundation of Greater Flint to support its Diabetes Group Visit Project. The short-term goal for the Diabetes Group Visit Project is to develop a collaborative approach to improve health outcomes through the expansion of diabetes group visits throughout Genesee County. The long-term goal is to reduce the morbidity related to diabetes and diabetes-related illnesses by improving the quality of life of individuals with the disease.

Paul Dake, M.D., Site Medical Director, McLaren Regional Medical Center Family Practice Residency Program, will chair the Diabetes Group Visit Project Workgroup. Joining Dr. Dake on the Workgroup are:

- Ann Donnelly, Senior Vice President Medical Operations, Genesys Physician Hospital Organization
- Michael Giacalone, Jr., M.D., Medical Director, Hamilton Community Health Network
- David Holloway, Regional Manager, Blue Cross Blue Shield of Michigan
- Margaret Kokoszka, Director of Medical Services, HealthPlus of Michigan
- Hemant Thawani, M.D., Internal Medicine Interim Program Director, Hurley Medical Center
- Genesee County Health Department- *To be Named*
- Genesee County Medical Society- *To be Named*
- Genesee County Osteopathic Society- *To be Named*

The Diabetes Group Visit Project aligns with the GFHC's Five-Year (2007-2012) Goal of reducing the overall mortality rate in Genesee County due to diabetes to 30.0 per 100,000 population, down from its current rate of 35.7 per 100,000 population.

Mission: Improve the health status of our citizens.
Improve the quality and cost effectiveness of the health care system in our community.

PILOT FOR DEPRESSED PATIENTS IN GENESSEE COUNTY COMING IN 2009

The Greater Flint Depression in Primary Care Partnership (GFDPCP), a partnership between the GFHC and the University of Michigan Depression Center, is currently developing a pilot project to support treatment of depressed patients in the primary care setting. The Depression in Primary Care (DPC) Pilot Project, slated to begin April 1, 2009, will include 40 to 50 adult patients who suffer from depression; selection of the 4 to 5 pilot sites is currently underway. The goal of the DPC Pilot Project will be to improve care coordination for depression treatment and to assist primary care practitioners. Services offered through the pilot will include a care navigator, whose role will be to build relationships with both patients and providers and help patients navigate the system by directing them to community resources. The plan for the DPC Pilot Project is modeled after the Michigan Depression Outreach and Collaborative Care project in Ann Arbor.

To aid in the planning of the DPC Pilot Project, the GFDPCP hosted an expert site visit featuring key note speaker Leif Solberg, M.D., on October 21, 2008. The event was an opportunity for the community to learn more about the GFDPCP and DPC Pilot Project, as well as to hear lessons learned from another community (Minneapolis, Minnesota) that has designed and implemented a depression in primary care program with goals similar to the DPC Pilot Project. Dr. Solberg is currently participating in the Depression Improvement Across Minnesota – Offering a New Direction (DIAMOND) Initiative, which is aimed at improving health care in Minnesota for people with depression by changing the way care is provided and compensated for in the primary care setting. The discussion focused on challenges and successes the DIAMOND Initiative has experienced.

The GFDPCP expert site visit consisted of two programs, a Community Grand Rounds for resident physicians and faculty members and a Community Conference on Depression for mental health professionals and community members. Both programs included presentations on the GFDPCP, DPC Pilot Project, and the DIAMOND Initiative. In addition to these presentations, the Community Conference on Depression also featured a reactor panel of DPC Steering Committee members which focused on

further discussion about the development of the DPC Pilot Project. The reactor panel included:

- Mike Burnett, Administrator for Clinical Programs & Support Services, Hurely Medical Center and DPC Steering Committee Co-chair,
- Paul Lazar, M.D., Program Director, McLaren Family Practice Residency Program and DPC Steering Committee Co-chair
- Trissa Torres, M.D., Medical Director, Health & Disease Management, Genesys Health System and DPC Steering Committee Co-chair
- Dan Russell, CEO, Genesee County Community Mental Health
- Michael Klinkman, M.D., Associate Professor, Departments of Family Medicine and Psychiatry, University of Michigan Depression Center.

Combined, -120 physicians, mental health providers, and community members attended the expert site visit. Evaluations from both programs indicate that the site visit was well-received and informative. We would like to thank all of the attendees for their participation in the event.

As noted in previous editions of *InTouch* the GFDPCP and DPC Pilot Project are spearheaded by the GFHC's DPC Steering Committee. Funding for the GFDPCP is provided by a two-year planning grant through the National Institute of Mental Health as well as support from the Michigan Institute for Clinical and Health Research. Please stay tuned to future editions of *InTouch* for announcements as the development of the DPC Pilot Project moves forward.

HONORED BY THE HISPANIC/LATINO COLLABORATIVE!

At the 12th Annual Meeting of the Members, Carlos Cisneros, Consumer Sector Representative on the GFHC Board representing the Hispanic/Latino Community, presented the GFHC with an award of appreciation for contributing to the success of the Genesee County Hispanic/Latino Collaborative's 2008 Health Fair and Walk "Caminando Juntos." The GFHC has been a proud sponsor of the Health Fair and Walk since its inception 5 years ago.



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